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Southern District of New York  
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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA,

Plaintiff,

v.

ANGEL ORTIZ,

Defendant.

**ECF CASE**

No. 18 Civ. 7738

**COMPLAINT**

Plaintiff the United States of America (the “United States”), by and through its attorney, Geoffrey S. Berman, United States Attorney for the Southern District of New York, for its Complaint, alleges upon information and belief as follows:

**NATURE OF ACTION**

1. This is an action to recover money on debt owed by defendant Angel Ortiz (“Defendant”), arising from the overpayment of Social Security disability benefits to Defendant.

**THE PARTIES**

2. Plaintiff is the United States of America on behalf of the Social Security Administration (“SSA”), an agency of the United States.

3. Defendant Angel Ortiz is an individual whose last known address is 10 Winthrop Court, Wappinger Falls, New York, New York 12590.

**JURISDICTION AND VENUE**

4. This Court has jurisdiction pursuant to 28 U.S.C. § 1345.

5. Venue is proper in the Southern District of New York pursuant to 28 U.S.C. § 1391(b).

**STATUTORY AND REGULATORY BACKGROUND**

6. Title II of the Social Security Act (the “Act”), 42 U.S.C. §§ 401-34, governs eligibility for Disability Insurance Benefits (“disability benefits”). Disability benefits are paid to those aged, blind or disabled individuals found eligible on the basis of their insured status. 42 U.S.C. § 423(c).

7. The eligibility requirements for receipt of disability benefits are found at 42 U.S.C. § 423.

8. Recipients of disability benefits are responsible for “promptly” reporting to SSA any improvement in their condition, any return to work, any increase in the amount of work, or any increase in earnings. 20 C.F.R. § 404.1588.

9. The Act allows a person receiving disability benefits to test his or her ability to work for a period of nine months, referred to as a “period of trial work” or “trial work period,” without losing his or her benefits. 52 U.S.C. §§ 422, 423; 20 C.F.R. § 404.1592. If the recipient’s work activity after the trial work period demonstrates an ability to perform substantial work, SSA will deem the recipient’s disability to have ceased. 42 U.S.C. §§ 422, 423; 20 C.F.R. § 404.1592a. SSA will continue to pay benefits for the first month of substantial work after the end of the trial work period and the two succeeding months thereafter, before stopping disability benefits. 20 C.F.R. § 404.1592a(b).

10. After the two-month grace period is complete, the provisions governing the “reentitlement period,” or “extended period of eligibility” (“EPE”), apply. *See* 42 U.S.C. § 423(a)(1); 20 C.F.R. § 404.1592a. The EPE provides a 36-month re-entitlement period after the disability cessation month during which a beneficiary can continue to work and will be entitled to benefits during any months that work activity falls below the level required for the work to count as substantial work. 42 U.S.C. § 423(a)(1), (e); 20 C.F.R. § 404.1592a(a)(1), (2). If an individual’s disability has ceased, and substantial work is performed after the EPE, benefits will terminate. 42 U.S.C. § 423(a)(1), (e); 20 C.F.R. § 404.1592a(a)(1), (2), (3)(i).

11. Recipients of disability benefits are required to inform SSA if they return to work, increased their amount of work, and/or if their earnings increase. 20 C.F.R. § 404.1588, *inter alia*.

### **FACTUAL ALLEGATIONS**

#### **A. Defendant’s Disability Application**

12. In March 2001, Defendant applied to receive disability benefits from the SSA.

13. In October 2001, SSA issued a Notice of Award, which resulted in SSA paying disability benefits to Defendant. One of the conditions concerning payment of disability benefits was that, if Defendant engaged in substantial work for a specified period of time, Defendant would no longer be eligible for disability benefits.

#### **B. Termination of Defendant’s Disability Benefits**

14. As determined by the SSA, Defendant returned to work and ceased to be entitled to disability benefits payments in January 2008.

15. Plaintiff continued to receive benefits payments through July 2012.

16. On or about July 2, 2012, SSA sent Defendant a Notice of Proposed Decision to Defendant’s last known address. The Notice of Proposed Decision notified Defendant that SSA

had received information about Defendant's earnings that suggested that Defendant had returned to work and had stopped being entitled to disability payments beginning in January 2008. A true and correct copy of the Notice of Proposed Decision is attached hereto as Exhibit A.

17. The Notice of Proposed Decision offered Defendant the opportunity to supply SSA with more information within ten days from receipt of the Notice of Proposed Decision. *Id.* Defendant did not supply additional information or contact SSA to request additional time to supply information.

18. On or about August 20, 2012, SSA sent Defendant a Notice of Decision, which stated that "because you have once again performed substantial gainful work, we have decided that you are not entitled for payments beginning January 2008." A true and correct copy of the Notice of Decision is attached hereto as Exhibit B. The Notice of Decision informed Defendant that he had 60 days to ask for an appeal in writing. *Id.* Defendant did not file a written appeal.

19. SSA stopped paying disability benefits to Defendant in August 2012.

**C. Determination of Overpayment**

20. On or about August 27, 2012, SSA issued a Notice of Change in Benefits, which notified Defendant that SSA had determined that it had overpaid him \$36,441.40 in benefits. A true and correct copy is attached hereto as Exhibit C. The Notice of Change in Benefits informed Defendant that he had the right, within 60 days of receipt of the notice, to request that the determination be reconsidered. *Id.* SSA issued additional Notices of Change in Benefits, dated September 12, 2012, and September 15, 2102 with revised outstanding balances after it was able to stop a check for disability benefits. True and correct copies are attached hereto as Exhibit D, respectively.



21. Defendant did not contact SSA in response to these Notices of Change in Benefits. However, Elizabeth Ortiz, who stated that she was Defendant's ex-wife, contacted SSA on or about August 30, 2012.

22. On or about September 26, 2012, Ms. Ortiz visited SSA's office in person. According to computer-recorded notes kept by SSA, Ms. Ortiz stated that she and Defendant were living in different households and that she had no information concerning Defendant's whereabouts. Ms. Ortiz subsequently applied for and was granted a waiver of collection of the overpayment against her.

23. In or around February 2013, Defendant requested a waiver of collection of the overpayment against him. On or about February 2, 2013, SSA sent a notice to Defendant to schedule a personal conference to discuss Defendant's request that SSA waive the collection of the overpayment. A true and correct copy of this notice is attached hereto as Exhibit E.

24. Defendant appeared for a personal conference in or around March 2013. *See* Notice dated March 2, 2013, rescheduling personal conference, attached hereto as Exhibit F.

25. On or about June 1, 2013, SSA notified Defendant that it had determined he could make some type of arrangement to repay the overpayment and denied his request for a waiver of collection. A true and correct copy is attached hereto as Exhibit G. SSA's written response informed Defendant of his right to request review of this determination by an administrative law judge "if you disagree in any way with this determination," and stated that a request for review could be made within 60 days. *Id.*

26. Defendant did not pursue an appeal of the underlying overpayment determination.

**D. SSA's Collection Efforts**

27. From 2012 to 2016, SSA sent Defendant numerous billing statements seeking repayment of the outstanding overpayment amount. True and correct copies of billing statements sent to Defendant in 2012, 2013, 2015, and 2016 are attached hereto as Exhibits H, I, J, and K, respectively.

28. During this time, SSA also sent multiple Call-In Notices informing Defendant that SSA needed to talk to Defendant. True and correct copies of Call-In Notices sent to Defendant in 2013, 2015, and 2016 are attached hereto as Exhibits L, M, and N, respectively.

29. SSA records indicate that in 2014 and 2015, the SSA received funds from Federal or State payments that would have been due to Defendant were it not for his outstanding overpayment balance, but that the SSA had used to pay toward the outstanding overpayment balance. On or about March 25, 2015, the SSA notified Defendant that it had used a Federal or State payment that was otherwise due to him to pay towards the outstanding overpayment amount, reducing his outstanding balance. A true and correct copy of this notice is attached hereto as Exhibit O.

30. Defendant did not pay the amount specified in any of the billing statements that SSA sent him.

**E. The Outstanding Amount Due**

31. SSA records indicate that between 2001 and 2012, Defendant was paid \$68,353.80 in disability benefits but was entitled to only \$29,871.00 in disability benefits, resulting in an overpayment of \$38,482.80. SSA records indicate that SSA has recovered \$2,424.77 of this amount through voluntary and involuntary remittances, leaving a balance of \$36,058.03.

32. SSA issued a Certificate of Indebtedness, dated July 20, 2018, certifying that as of July 20, 2018, Defendant is indebted to SSA in the amount of \$36,058.03. A true and correct copy of the Certificate of Indebtedness is attached hereto as Exhibit P.

**FIRST CAUSE OF ACTION**

33. Plaintiff repeats the allegations in paragraphs 1 through 32 as if fully set forth herein.

34. The total amount due and owing by Angel Ortiz, due to his failure to repay SSA's overpayment to him, through July 20, 2018, is \$36,058.03.

WHEREFORE, Plaintiff the United States respectfully prays that this honorable Court:

1. Enter judgment against defendant and in favor of the United States for SSA's overpayment of disability benefits in an amount to be determined at trial; and

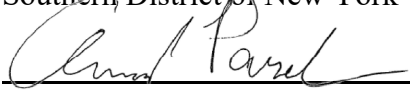
2. Award the United States its costs in bringing this action, and such other and further relief as the Court may deem appropriate.

Date: August 24, 2018  
New York, New York

Respectfully submitted,

GEOFFREY S. BERMAN  
United States Attorney for the  
Southern District of New York

By:

  
AMANDA F. PARSELS  
Assistant United States Attorney  
86 Chambers Street, 3rd Floor  
New York, New York 10007  
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E-mail: amanda.parsels@usdoj.gov

*Attorney for Plaintiff*

## **EXHIBIT A**

## Social Security Administration

### Notice Of Proposed Decision

Social Security Administration  
1500 WOODLAWN DRIVE  
BALTIMORE MD 21241

Date: July 2, 2012

Claim Number: [REDACTED] A

ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

We restarted your Social Security disability payments during your extended period of eligibility because you were no longer doing substantial work. However, we now have information about your work and earnings that could affect your payments. Based on this information, it appears we will decide that you are not entitled to payments beginning January 2008.

We are writing this letter to give you a chance to give us more information that you want us to consider. Please review the following information we are using to make our decision. You have 10 days to give us more information before we make our decision final. The 10 days start the day after you receive this letter. We assume that you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period. If you need more time, let us know right away.

#### The Information We Have

We are considering the following reports in evaluating your claim:

- Your signed statement regarding work and earnings
- Social Security Administration Earnings Records
- Work information reported to us by your employer

We are considering the following work in this decision:

<u>Work Start</u>	<u>Work End</u>	<u>Employer</u>
June 2010	July 2011	LABOR READY NORTHEAST INC
August 2009	April 2010	OPINION ACCESS CORP
April 2007	March 2008	C-K DISTRIBUTORS INC
April 2010	April 2010	SUPERIOR FIBER MILLS INC

See Next Page

July 2011

Not Ended

CNC FAMILIAR LLC

There was no evidence to indicate that you did not fully earn the salary you were paid.

There was no evidence to indicate that you had impairment related work expenses which might have affected this decision.

#### **Information About Medicare**

If you have Medicare and your disabling condition continues under our rules your coverage will continue for at least 93 months after your trial work period.

#### **If We Do Not Hear From You**

If we do not hear from you within the next 10 days, we will make our decision based on the information we have now. The 10 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period. When we make our decision, we will send you another letter.

#### **If You Have Questions**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have specific questions, you may call us toll-free at 1-800-772-1213. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You may also write the Social Security Administration, P.O. Box 17775, Baltimore, Maryland 21235-7775, USA. Please be sure to include your claim number if you do write. However, if you visit an office, please take this letter. It will help the people there answer your questions.

Van Nguyen  
Associate Commissioner for Central Operations

## **EXHIBIT B**



# Social Security Administration

## Disability Information

Social Security Administration  
1500 WOODLAWN DRIVE  
BALTIMORE MD 21241

Date: August 20, 2012

Claim Number: [REDACTED] A

ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

Earlier, we wrote to tell you that we had information about your work and earnings that could affect your Social Security disability payments.

We are now writing to tell you our decision.

We restarted your Social Security disability payments during your extended period of eligibility because you were no longer doing substantial work. However, because you have once again performed substantial gainful work, we have decided that you are not entitled to payments beginning January 2008.

### What Is Substantial Work

Generally, substantial work is physical or mental work a person is paid to do. Work can be substantial even if it is part-time. To decide if a person's work is substantial, we consider the nature of the job duties, the skill and experience needed to do the job, and how much the person actually earns.

A person's work may be different than before his or her health problems began. It may not be as hard to do and the pay may be less. However, we may still find that the work is substantial under our rules.

Usually, we find that work is substantial if gross monthly earnings average more than the following amounts:

- |           |        |
|-----------|--------|
| ● In 2012 | \$1010 |
| ● In 2011 | \$1000 |
| ● In 2010 | \$1000 |
| ● In 2009 | \$980  |
| ● In 2008 | \$940  |
| ● In 2007 | \$900  |

You will be notified later about any overpayment or underpayment due in this case. You will also be notified about any change in Medicare coverage.

See Next Page



### **If You Disagree With This Decision**

If you think we are wrong, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us you did not get it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for a hearing.
- You have to ask for an appeal in writing. We will ask you to sign a form SSA-561-U2, called "Request for Reconsideration." Contact one of our offices if you want help.

Please read the enclosed pamphlet, "Your Right to Question the Decision Made on Your Social Security Claim". It contains more information about the appeal.

### **If You Want Help With Your Appeal**

You can have a friend, representative or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There are also representatives who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

### **If You Have Questions**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have specific questions, you may call us toll-free at 1-800-772-1213. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You may also write the Social Security Administration, P.O. Box 17775, Baltimore, Maryland 21235-7775, USA. Please be sure to include your claim number if you do write. However, if you visit an office, please take this letter. It will help the people there answer your questions.

Van Nguyen  
Associate Commissioner for Central Operations

## **EXHIBIT C**

**Social Security Administration**  
**Retirement, Survivors and Disability Insurance**  
Notice of Change in Benefits

Office of Central Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: August 27, 2012  
Claim Number: [REDACTED] HA



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

We are writing to give you new information about the disability benefits which you receive on this Social Security record. In the rest of this letter, we will tell you:

- How we paid you \$36,441.40 too much in benefits; and
- What to do if you think we are wrong about the overpayment.

**How To Pay Us Back**

You should refund this overpayment within 30 days. Please make your check or money order payable to "Social Security Administration", and send it to us in the enclosed envelope. Always include your claim number (as indicated above) on the check or money order. If you cannot refund the full \$36,441.40 now, you should submit:

- a. partial payment,
- b. an explanation of your financial circumstances, and
- c. a definite plan for repaying the balance.

Enclosure(s):  
Refund Envelope  
SSA-3105

**Do You Think We Are Wrong About The Overpayment?**

You have certain rights with respect to this overpayment and its recovery.

1. **Right to Appeal:** If you disagree in any way with this overpayment determination, you have the right, within 60 days of the date you receive this notice, to request that the determination be reconsidered. If you request this independent review of the overpayment determination, please submit any additional information you have which pertains to the overpayment.
2. **Right to Request Waiver:** You also have the right to request a determination concerning the need to recover the overpayment. An overpayment must be refunded or withheld from benefits unless both of the following are true:
  - a. The overpayment was not your fault in any way, and
  - b. You could not meet your necessary living expenses if we recovered the overpayment, or recovery would be unfair for some other reason.

If you request waiver, we may need a statement of your assets and monthly income and expenses.

If you request reconsideration and/or waiver within 30 days, the overpayment will not have to be recovered until the case is reviewed. This review is described in more detail on the attached form SSA-3105, Important Information About Your Appeal and Waiver Rights. The people in any Social Security office will be glad to help you complete the forms for requesting reconsideration (SSA-561-U2, Request for Reconsideration) and/or waiver (SSA-632-BK, Overpayment Recovery Questionnaire).

Even if you do not want to request reconsideration or waiver, please call, write or visit any Social Security office if you have questions or need more information. Please take this letter with you if you do visit an office.

**Information About Medicare**

Since you are no longer entitled to monthly Social Security benefits, we are stopping your hospital insurance coverage under Medicare. Your hospital insurance coverage ends on the last day of July 2012. Your Medicare card will no longer be valid after coverage ends, so please tear it up.

**Things To Remember**

If you think you are again disabled according to our rules before you reach full retirement age 67, you should apply again for disability benefits.

## Do You Think We Are Wrong?

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration". Contact one of our offices if you want help.

## If You Want Help With Your Appeal

You can have a friend, representative, or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There are also representatives who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a representative who is eligible for direct pay, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

## If You Have Any Questions

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-877-405-6747. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
332 MAIN ST  
POUGHKEEPSIE NY 12601

HA

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If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*

## **EXHIBIT D**



**Social Security Administration**  
**Retirement, Survivors and Disability Insurance**  
Notice of Change in Benefits

Office of Central Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: September 12, 2012  
Claim Number: [REDACTED] HA



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

We wrote to you earlier about a \$36,441.40 overpayment.

Since we were able to stop your August 31, 2012 payment for \$695.30, you owe us \$35,746.10.

**How To Pay Us Back**

You should refund this overpayment within 30 days. Please make your check or money order payable to "Social Security Administration", and send it to us in the enclosed envelope. Always include your claim number (as indicated above) on the check or money order. If you cannot refund the full \$35,746.10 now, you should submit:

- a. partial payment,
- b. an explanation of your financial circumstances, and
- c. a definite plan for repaying the balance.

**If You Disagree With The Decision To Stop Benefits**

You have certain rights with respect to this overpayment and its recovery.

1. **Right to Appeal:** If you disagree in any way with this overpayment determination, you have the right, within 60 days of the date you receive this notice, to request that the determination be reconsidered. If you request this independent review of the overpayment determination, please submit any additional information you have which pertains to the overpayment.

Enclosure(s):  
SSA-3105  
Refund Envelope



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2. **Right to Request Waiver:** You also have the right to request a determination concerning the need to recover the overpayment. An overpayment must be refunded or withheld from benefits unless both of the following are true:
  - a. The overpayment was not your fault in any way, and
  - b. You could not meet your necessary living expenses if we recovered the overpayment, or recovery would be unfair for some other reason.

If you request waiver, we may need a statement of your assets and monthly income and expenses.

If you request reconsideration and/or waiver within 30 days, the planned withholding of your benefit to recover the overpayment will not take place until your case is reviewed. This review is described in more detail on the attached form SSA-3105, Important Information About Your Appeal and Waiver Rights. The people in any Social Security office will be glad to help you complete the forms for requesting reconsideration (SSA-561-U2, Request for Reconsideration) and/or waiver (SSA-632-BK, Overpayment Recovery Questionnaire).

Even if you do not want to request reconsideration or waiver, please call, write or visit any Social Security office if you have questions or need more information. Please take this letter with you if you do visit an office. Unless we hear from you within 30 days, we will withhold your payment as shown above.

### **If You Have Any Questions**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-877-405-6747. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
332 MAIN ST  
POUGHKEEPSIE, NY 12601

██████████ A

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If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*

**Social Security Administration**  
**Retirement, Survivors and Disability Insurance**  
Notice of Change in Benefits

Office of Central Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: September 15, 2012  
Claim Number: [REDACTED] HA



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

We are writing to give you new information about the disability benefits which you receive on this Social Security record. In the rest of this letter, we will tell you:

- How we paid you \$36,506.50 too much in benefits; and
- What to do if you think we are wrong about the overpayment.

**How To Pay Us Back**

You should refund this overpayment within 30 days. Please make your check or money order payable to "Social Security Administration", and send it to us in the enclosed envelope. Always include your claim number (as indicated above) on the check or money order. If you cannot refund the full \$36,506.50 now, you should submit:

- a. partial payment,
- b. an explanation of your financial circumstances, and
- c. a definite plan for repaying the balance.

Enclosure(s):  
Refund Envelope  
SSA-3105

## **Do You Think We Are Wrong About The Overpayment?**

You have certain rights with respect to this overpayment and its recovery.

1. **Right to Appeal:** If you disagree in any way with this overpayment determination, you have the right, within 60 days of the date you receive this notice, to request that the determination be reconsidered. If you request this independent review of the overpayment determination, please submit any additional information you have which pertains to the overpayment.
2. **Right to Request Waiver:** You also have the right to request a determination concerning the need to recover the overpayment. An overpayment must be refunded or withheld from benefits unless both of the following are true:
  - a. The overpayment was not your fault in any way, and
  - b. You could not meet your necessary living expenses if we recovered the overpayment, or recovery would be unfair for some other reason.

If you request waiver, we may need a statement of your assets and monthly income and expenses.

If you request reconsideration and/or waiver within 30 days, the overpayment will not have to be recovered until the case is reviewed. This review is described in more detail on the attached form SSA-3105, Important Information About Your Appeal and Waiver Rights. The people in any Social Security office will be glad to help you complete the forms for requesting reconsideration (SSA-561-U2, Request for Reconsideration) and/or waiver (SSA-632-BK, Overpayment Recovery Questionnaire).

Even if you do not want to request reconsideration or waiver, please call, write or visit any Social Security office if you have questions or need more information. Please take this letter with you if you do visit an office.

## **Information About Medicare**

Since you are no longer entitled to monthly Social Security benefits, we are stopping your hospital insurance coverage under Medicare. Your hospital insurance coverage ends on the last day of July 2012. Your Medicare card will no longer be valid after coverage ends, so please tear it up.

HA

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## Do You Think We Are Wrong?

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration". Contact one of our offices if you want help.

## If You Want Help With Your Appeal

You can have a friend, representative, or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There are also representatives who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a representative who is eligible for direct pay, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

## If You Have Any Questions

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-877-405-6747. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
332 MAIN ST  
POUGHKEEPSIE NY 12601

IA

Page 4 of 4

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*

## **EXHIBIT E**



**Social Security Administration**  
**Retirement, Survivors and Disability Insurance**  
Overpayment Information

SOCIAL SECURITY  
332 MAIN STREET  
POUGHKEEPSIE, NY 12601-6700  
Date: February 02, 2013  
Claim Number: [REDACTED]  
C15

ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS, NY 12590-5608

Dear ANGEL ORTIZ

You recently requested that we waive the collection of your overpayment of \$36,506.50. Based on the facts we have now, we cannot approve your request. However, you have a right to meet with us before we decide if you have to pay back the overpayment. This meeting is called a personal conference. A person who has not made any decision about your waiver request will meet with you. I am writing to schedule this meeting.

You should bring proof of all your monthly income and expenses when you have your appointment. If you feel any information we may have is incorrect such as your earnings you should bring your pay stubs with you.

**Some Important Dates**

We have scheduled your personal conference for February 15, 2013 at 9:00 am at this office. You will meet with A Rogers on that day.

**What Happens At A Personal Conference**

At the personal conference, you will meet with the person who will decide your waiver request. You can tell this person why you think you should not have to pay us back. At the meeting you can also do the following things.

- You can review your file again and add any new facts you have.

See Next Page



- You can question the facts we have and the people who gave them.

### **If You Have Questions**

If you have any questions, please call Mrs. Rogers at 877-405-5349. If you cannot come in at the time scheduled, please let us know. We will arrange new date and time. We can only reschedule your appointment once so please try to keep the appointment scheduled above.

Social Security Administration

Social Security Administration  
Important Information

SOCIAL SECURITY  
332 MAIN ST  
POUGHKEEPSIE NY 12601

ANGEL ORTIZ  
10 WINTHROP CT  
APT 10D  
WAPPINGERS FALLS NY 12590

(877) 405-6747  
TTY: (845) 454-1540  
Date: February 2, 2013  
Phone: (800) 772-1213

Claim Number: [REDACTED]

Notice of Appointment

We are writing to you about your overpayment.

You Have An Appointment

We would like you to come to our office on February 15, 2013 at 09:00 AM. Our address and telephone numbers are shown above.

If you cannot come in on the date shown, or you would prefer to talk to us by telephone, please call us as soon as possible. We will make another appointment for you.

When you come in to see us, you may bring someone with you. If you have a representative payee who gets your benefits for you, he or she must come in.

Things We Need For The Appointment

When you come in to our office for your appointment, please try to have all of the items shown below from \_\_\_\_\_ to the present.

- ( ) This letter.
- ( ) Proof of monthly income, expenses, and assets

See Next Page

- ( ) Pay stubs from work
- ( ) Pension records from: the Department of Veteran Affairs,  
Railroad Retirement Board, Civil Service, state, military,  
private pensions for
- ( ) Rent receipts
- ( ) Utility bill receipts
- ( ) Bank statements: savings and checking accounts, and any other  
bank statements

Even if you do not have all of the information, we need to hear from you. We will help you get anything you do not have.

We must see the original document(s) or a certified copy of the item(s). We cannot accept photocopies. We will return these items to you.

#### If You Have Any Questions

If you have any questions about your appointment, you may call, write or visit any Social Security office. If you call or visit our office, please have this letter with you. The telephone number and address are at the top of this letter.

Social Security offers many safe and convenient online services at our website, [www.socialsecurity.gov](http://www.socialsecurity.gov).

Social Security Administration

Enclosure(s)

## **EXHIBIT F**

**Social Security Administration**  
**Retirement, Survivors and Disability Insurance**  
Important Information

SOCIAL SECURITY  
332 MAIN STREET  
POUGHKEEPSIE, NY 12601-6700  
Date: March 02, 2013  
Claim Number: [REDACTED]  
C15

ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS, NY 12590-5608

Dear ANGEL ORTIZ

You recently requested that we reschedule an important appointment. I am writing to confirm the date we set.

**Some Important Dates**

We have rescheduled your personal conference for March 19, 2013 at 9:00am in this office. You will meet with A Rogers on that day.

**A Reminder About The Personal Conference**

At the personal conference, we will discuss your waiver request. Remember that at the conference you can do the following things.

- You can have a lawyer, friend or someone else help you with your case.
- You can bring other people to help explain your case.
- You can question the facts we have and the people who gave them.

You need to show us proof of your monthly income, expenses, and assets. Examples are pay stubs, pension records, rent receipts, utility bills, and bank statements.

If you do not keep the personal conference appointment, you will forfeit the

See Next Page

opportunity for a personal conference and recovery of the overpayment will begin even if you appeal.

**If You Have Questions**

For general information about Social Security we invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet. For general questions and specific questions about your case, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 877-405-5349 EXT 22010 and ask for Mrs. Rogers. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY/TDD number 845-454-1540. If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Social Security Administration

## **EXHIBIT G**

# Social Security Administration Retirement, Survivors and Disability Insurance

SOCIAL SECURITY  
332 MAIN STREET  
POUGHKEEPSIE, NY 12601-6700  
Date: June 01, 2013  
Claim Number: [REDACTED]  
C15

ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS, NY 12590-5608

Dear ANGEL ORTIZ

For us to waive the collection of your overpayment, two things have to be true.

- It was not your fault that you got too much Social Security money.  
AND
- Paying us back would mean you cannot pay your bills for food, clothing, housing, medical care, or other necessary expenses, or it would be unfair for some other reason.

Based on the facts we have, you do not meet both of these rules.  
The following will tell you why.

We apply three tests when we decide if you are at fault in causing an overpayment. The first is whether you made an incorrect statement or a statement which you knew or should have known was incorrect. The second is whether you failed to give us timely information which you knew or should have known was important. The third is whether you accepted payments which you either knew or could have been expected to know were incorrect.

You have been overpaid in the past due to working and earning over the allowable limit. You did not contact us in a timely manner to report that your earnings were over the limit causing a substantial overpayment. We also reviewed your income and expenses and find that you have \$211.00 left over each month after your bills are paid so you could make some type of arrangement to repay the overpayment.

See Next Page



██████████

If you disagree in any way with this determination, you have the right, within 60 days of the date you receive this notice, to request that the determination be reviewed by an administrative law judge of the Office of Disability Adjudication and Review. If you request a hearing, please submit any additional information you have.

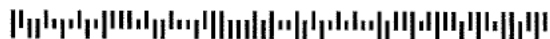
If you call or come into the office, please have this letter available.

Social Security Administration

## **EXHIBIT H**

**Social Security Administration**  
**Billing Statement**  
Important Information

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

STATEMENT DATE: 11/15/12

ACCOUNT NUMBER: [REDACTED]

AMOUNT DUE: \$36,506.50

NEW BALANCE \$36,506.50

PAYMENT OF NEW BALANCE OR AMOUNT DUE  
MUST REACH US BY: 12/03/12

**DID YOU FORGET?**

This statement concerns an overpayment of Social Security benefits paid to ANGEL ORTIZ, A.

We have not received the payment due. Please send us the full payment right away.

To request to repay a smaller amount monthly over a longer period of time, please call us at the telephone number below.

If you have mailed the payment amount due within the past week, please disregard this statement.

**If You Have Any Questions**

If you have any questions, you may call us at 1-888-280-9419 TOLL FREE. The office hours are Monday through Friday, 8:00 AM to 5:00 PM ET. Please have this statement available when you call.

Enclosure(s):  
Refund Env.

If you call us using a TDD machine, please pause after you type a few words.  
This will give us time to transfer your call to the TDD line.

**PAYMENT STUB**

- Return the bottom portion of the stub with your payment.
- Use the enclosed envelope to mail your payment to us.
- Do not send cash.
- Do not enclose any correspondence with your remittance. Send any correspondence to: Social Security Administration, Northeastern Program Service Center, PO Box 314400, Jamaica NY 11431-9887.
- If you have changed your address or telephone number, be sure to check the box below and write your new address or telephone number in the space provided.
- If you pay by check or money order, include the Social Security Account Number as shown below and make the check or money order payable to "Social Security Administration."
- If paying by credit card, complete the appropriate information below and return it in the enclosed envelope

**OR**

to pay by phone, call 1-888-280-9419 TOLL FREE during the hours 8:00 AM to 5:00 PM ET. Please have this notice and your credit card available when you call.

SSA-53-EP

DETACH HERE. DO NOT STAPLE.

ACCOUNT NUMBER: [REDACTED]  
ANGEL ORTIZ☐ MASTERCARD☐ VISA☐ DISCOVERAMOUNT DUE: \$36,506.50  
DATE DUE: December 3, 2012

Credit Card Number

Exp Date

PAYMENT

AMOUNT \$ \_\_\_\_\_

Cardholder's Signature

Date

☐ Check box if your address or telephone number has changed. Make changes below.

\_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY ADMINISTRATION  
PO BOX 3430  
PHILADELPHIA PA 19122-9985

[REDACTED] 40000000600000000100365065000365 [REDACTED]

### **Privacy Act Statement**

The Social Security Administration (SSA) has authority to collect the information requested on the PAYMENT STUB under section 204 of the Social Security Act. Giving us this information is voluntary. You do not have to do it. We will need this information only if you choose to make payment by credit card. You do not need to fill out the credit card information if you choose another means of payment (for example, by check or money order).

If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and SSA's account. This will allow you to repay your overpayment with your credit card. We may also provide this information to another person or government agency to comply with federal laws requiring the release of information from our records. You can find these and other routine uses of information provided to SSA listed in the Federal Register. If you want more information about this, you may call or write any Social Security office.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

**Social Security Administration**  
**Billing Statement**  
Important Information

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

STATEMENT DATE: 12/18/12

ACCOUNT NUMBER: [REDACTED]

AMOUNT DUE: \$36,506.50

BALANCE FROM PREVIOUS STATEMENT	\$36,506.50
NEW BALANCE	\$36,506.50

PAYMENT OF NEW BALANCE OR AMOUNT DUE  
MUST REACH US BY: 01/03/13

**PAST DUE PAYMENT**

This statement concerns an overpayment of Social Security benefits paid to ANGEL ORTIZ, A.

We have not received the \$36,506.50 payment that was due by 12/03/12. You MUST repay this money to the Social Security Administration. Please send us the payment right away.

Enclosure(s):  
Refund Env.



If we don't receive the amount due, we can collect the money owed us:

- from Federal income tax refunds or other Federal payments you may be due (including withholding a portion of your Federal salary if you are an employee of the United States), or
- from State income tax refunds or other State payments you may be due, or
- from future Social Security benefits, or
- through a Federal court lawsuit, or
- by ordering your employer to withhold and send us a portion of your pay.

We can also report your overdue debt to credit bureaus.

To request to repay a smaller amount monthly over a longer period of time, please call us at the telephone number below.

If you have mailed the payment amount due within the past week, please disregard this statement.

### **If You Have Any Questions**

If you have any questions, you may call us at 1-888-280-9419 TOLL FREE. The office hours are Monday through Friday, 8:00 AM to 5:00 PM ET. Please have this statement available when you call.

If you call us using a TDD machine, please pause after you type a few words. This will give us time to transfer your call to the TDD line.

**PAYMENT STUB**

- Return the bottom portion of the stub with your payment.
- Use the enclosed envelope to mail your payment to us.
- Do not send cash.
- Do not enclose any correspondence with your remittance. Send any correspondence to: Social Security Administration, Northeastern Program Service Center, PO Box 314400, Jamaica NY 11431-9887.
- If you have changed your address or telephone number, be sure to check the box below and write your new address or telephone number in the space provided.
- If you pay by check or money order, include the Social Security Account Number as shown below and make the check or money order payable to "Social Security Administration."
- If paying by credit card, complete the appropriate information below and return it in the enclosed envelope

**OR**

to pay by phone, call 1-888-280-9419 TOLL FREE during the hours 8:00 AM to 5:00 PM ET. Please have this notice and your credit card available when you call.

SSA-53-EP

DETACH HERE. DO NOT STAPLE.

ACCOUNT NUMBER: [REDACTED]  
ANGEL ORTIZ☐ MASTERCARD☐ VISA☐ DISCOVERAMOUNT DUE: \$36,506.50  
DATE DUE: January 3, 2013

Credit Card Number

Exp Date

PAYMENT

AMOUNT \$ \_\_\_\_\_

Cardholder's Signature

Date

☐ Check box if your address or telephone number has changed. Make changes below.

\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY ADMINISTRATION  
PO BOX 3430  
PHILADELPHIA PA 19122-9985

[REDACTED] 00000600000000100365065000365 [REDACTED]

0001

### **Privacy Act Statement**

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If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and SSA's account. This will allow you to repay your overpayment with your credit card. We may also provide this information to another person or government agency to comply with federal laws requiring the release of information from our records. You can find these and other routine uses of information provided to SSA listed in the Federal Register. If you want more information about this, you may call or write any Social Security office.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

## **EXHIBIT I**

**Social Security Administration**  
**Billing Statement**  
Important Information

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

STATEMENT DATE: 08/16/13

ACCOUNT NUMBER: [REDACTED]

AMOUNT DUE: \$36,506.50

BALANCE FROM PREVIOUS STATEMENT	\$36,506.50
NEW BALANCE	\$36,506.50

PAYMENT OF NEW BALANCE OR AMOUNT DUE  
MUST REACH US BY: 09/03/13

**DID YOU FORGET?**

This statement concerns an overpayment of Social Security benefits paid to ANGEL ORTIZ, A.

We have not received the payment due. Please send us the full payment right away.

To request to repay a smaller amount monthly over a longer period of time, please call us at the telephone number below.

If you have mailed the payment amount due within the past week, please disregard this statement.

Enclosure(s):  
Refund Env.

**If You Have Any Questions**

If you have any questions, you may call us at 1-888-280-9419 TOLL FREE. The office hours are Monday through Friday, 8:00 AM to 5:00 PM ET. Please have this statement available when you call.

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- Do not send cash.
- Do not enclose any correspondence with your remittance. Send any correspondence to: Social Security Administration, Northeastern Program Service Center, PO Box 314400, Jamaica NY 11431-9887.
- If you have changed your address or telephone number, be sure to check the box below and write your new address or telephone number in the space provided.
- If you pay by check or money order, include the Social Security Account Number as shown below and make the check or money order payable to "Social Security Administration."
- If paying by credit card, complete the appropriate information below and return it in the enclosed envelope

**OR**

to pay by phone, call 1-888-280-9419 TOLL FREE during the hours 8:00 AM to 5:00 PM ET. Please have this notice and your credit card available when you call.

SSA-53-EP

DETACH HERE. DO NOT STAPLE.

ACCOUNT NUMBER: [REDACTED]  
ANGEL ORTIZ☐ MASTERCARD ☐ VISA ☐ DISCOVERAMOUNT DUE: \$36,506.50  
DATE DUE: September 3, 2013Credit Card Number Exp DatePAYMENT  
AMOUNT \$ [REDACTED]Cardholder's Signature Date

☐ Check box if your address or telephone number has changed. Make changes below.

\_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY ADMINISTRATION  
PO BOX 3430  
PHILADELPHIA PA 19122-9985

[REDACTED] 0000000600000000100365065000365 [REDACTED] 0001



### **Privacy Act Statement**

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If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and SSA's account. This will allow you to repay your overpayment with your credit card. We may also provide this information to another person or government agency to comply with federal laws requiring the release of information from our records. You can find these and other routine uses of information provided to SSA listed in the Federal Register. If you want more information about this, you may call or write any Social Security office.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898

See Next Page

If we don't receive the amount due, we can collect the money owed us:

- from Federal income tax refunds or other Federal payments you may be due (including withholding a portion of your Federal salary if you are an employee of the United States), or
- from State income tax refunds or other State payments you may be due, or
- from future Social Security benefits, or
- through a Federal court lawsuit, or
- by ordering your employer to withhold and send us a portion of your pay.

We can also report your overdue debt to credit bureaus.

To request to repay a smaller amount monthly over a longer period of time, please call us at the telephone number below.

If you have mailed the payment amount due within the past week, please disregard this statement.

### **If You Have Any Questions**

If you have any questions, you may call us at 1-888-280-9419 TOLL FREE. The office hours are Monday through Friday, 8:00 AM to 5:00 PM ET. Please have this statement available when you call.

If you call us using a TDD machine, please pause after you type a few words. This will give us time to transfer your call to the TDD line.

**PAYMENT STUB**

- Return the bottom portion of the stub with your payment.
- Use the enclosed envelope to mail your payment to us.
- Do not send cash.
- Do not enclose any correspondence with your remittance. Send any correspondence to: Social Security Administration, Northeastern Program Service Center, PO Box 314400, Jamaica NY 11431-9887.
- If you have changed your address or telephone number, be sure to check the box below and write your new address or telephone number in the space provided.
- If you pay by check or money order, include the Social Security Account Number as shown below and make the check or money order payable to "Social Security Administration."
- If paying by credit card, complete the appropriate information below and return it in the enclosed envelope

**OR**

to pay by phone, call 1-888-280-9419 TOLL FREE during the hours 8:00 AM to 5:00 PM ET. Please have this notice and your credit card available when you call.

SSA-53-EP

DETACH HERE. DO NOT STAPLE.

ACCOUNT NUMBER: [REDACTED]  
ANGEL ORTIZ☐ MASTERCARD☐ VISA☐ DISCOVERAMOUNT DUE: \$36,506.50  
DATE DUE: October 3, 2013

Credit Card Number

Exp Date

PAYMENT

AMOUNT \$ \_\_\_\_\_

Cardholder's Signature

Date

☐ Check box if your address or telephone number has changed. Make changes below.

\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY ADMINISTRATION  
PO BOX 3430  
PHILADELPHIA PA 19122-9985

0000000600000000100365065000365

000000001

### **Privacy Act Statement**

The Social Security Administration (SSA) has authority to collect the information requested on the PAYMENT STUB under section 204 of the Social Security Act. Giving us this information is voluntary. You do not have to do it. We will need this information only if you choose to make payment by credit card. You do not need to fill out the credit card information if you choose another means of payment (for example, by check or money order).

If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and SSA's account. This will allow you to repay your overpayment with your credit card. We may also provide this information to another person or government agency to comply with federal laws requiring the release of information from our records. You can find these and other routine uses of information provided to SSA listed in the Federal Register. If you want more information about this, you may call or write any Social Security office.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

## **EXHIBIT J**

**Social Security Administration**  
**Billing Statement**  
Important Information

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

STATEMENT DATE: 11/17/15

ACCOUNT NUMBER: [REDACTED]

AMOUNT DUE: \$1,241.80

NEW BALANCE \$1,241.80

PAYMENT OF NEW BALANCE OR AMOUNT DUE  
MUST REACH US BY: 12/03/15

**DID YOU FORGET?**

This statement concerns an overpayment of Social Security benefits paid to ANGEL ORTIZ, A.

We have not received the payment due. Please send us the full payment right away.

To request to repay a smaller amount monthly over a longer period of time, please call us at the telephone number below.

If you have mailed the payment amount due within the past week, please disregard this statement.

**Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

Enclosure(s):  
Refund Env.

C

See Next Page

\*020108XW00002870\*NOTAF P X3 PERECNOT P C1 R151113 PAM 100000000 0008610635679796052112590560899



**If You Have Questions**

If you have any questions, you may call us at 1-888-280-9419 TOLL FREE. The office hours are Monday through Friday, 8:00 AM to 5:00 PM ET. Please have this statement available when you call.

If you call us using a TDD machine, please pause after you type a few words. This will give us time to transfer your call to the TDD line.

# PAYMENT STUB

- Return the bottom portion of the stub with your payment.
- Use the enclosed envelope to mail your payment to us.
- Do not send cash.
- Do not enclose any correspondence with your remittance. Send any correspondence to: Social Security Administration, Northeastern Program Service Center, PO Box 314400, Jamaica NY 11431-9887.
- If you have changed your address or telephone number, be sure to check the box below and write your new address or telephone number in the space provided.
- If you pay by check or money order, include the Social Security Account Number as shown below and make the check or money order payable to "Social Security Administration."
- If paying by credit card, complete the appropriate information below and return it in the enclosed envelope

**OR**

to pay by phone, call 1-888-280-9419 TOLL FREE during the hours 8:00 AM to 5:00 PM ET. Please have this notice and your credit card available when you call.

SSA-53-EP

DETACH HERE. DO NOT STAPLE.

ACCOUNT NUMBER:  
ANGEL ORTIZ





AMOUNT DUE: \$1,241.80  
DATE DUE: December 3, 2015

Credit Card Number	Exp Date
0000000000000000	00000000

PAYMENT  
AMOUNT \$ \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Check box if your address or telephone number has changed. Make changes below.

SOCIAL SECURITY ADMINISTRATION  
PO BOX 3430  
PHILADELPHIA PA 19122-9985

00000020000000010001241800001241800001241800>0000000000004

\*020208XW0002870\*NOTAFP.X3.PBRECNOT.PC1.R151113.PAM 100000000 0003610635679796052112590560899

### **Privacy Act Statement**

The Social Security Administration (SSA) has authority to collect the information requested on the PAYMENT STUB under section 204 of the Social Security Act. Giving us this information is voluntary. You do not have to do it. We will need this information only if you choose to make payment by credit card. You do not need to fill out the credit card information if you choose another means of payment (for example, by check or money order).

If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and SSA's account. This will allow you to repay your overpayment with your credit card. We may also provide this information to another person or government agency to comply with federal laws requiring the release of information from our records. You can find these and other routine uses of information provided to SSA listed in the Federal Register. If you want more information about this, you may call or write any Social Security office.

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**Social Security Administration**  
**Billing Statement**  
Important Information

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

STATEMENT DATE: 11/17/15

ACCOUNT NUMBER: [REDACTED]

AMOUNT DUE: \$34,584.23

NEW BALANCE \$34,584.23

PAYMENT OF NEW BALANCE OR AMOUNT DUE  
MUST REACH US BY: 12/03/15

**DID YOU FORGET?**

This statement concerns an overpayment of Social Security benefits paid to ANGEL ORTIZ, A.

We have not received the payment due. Please send us the full payment right away.

To request to repay a smaller amount monthly over a longer period of time, please call us at the telephone number below.

If you have mailed the payment amount due within the past week, please disregard this statement.

**Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

Enclosure(s):  
Refund Env.

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See Next Page

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**If You Have Questions**

If you have any questions, you may call us at 1-888-280-9419 TOLL FREE. The office hours are Monday through Friday, 8:00 AM to 5:00 PM ET. Please have this statement available when you call.

If you call us using a TDD machine, please pause after you type a few words. This will give us time to transfer your call to the TDD line.

## PAYMENT STUB

- Return the bottom portion of the stub with your payment.
- Use the enclosed envelope to mail your payment to us.
- Do not send cash.
- Do not enclose any correspondence with your remittance. Send any correspondence to: Social Security Administration, Northeastern Program Service Center, PO Box 314400, Jamaica NY 11431-9887.
- If you have changed your address or telephone number, be sure to check the box below and write your new address or telephone number in the space provided.
- If you pay by check or money order, include the Social Security Account Number as shown below and make the check or money order payable to "Social Security Administration."
- If paying by credit card, complete the appropriate information below and return it in the enclosed envelope

**OR**

to pay by phone, call 1-888-280-9419 TOLL FREE during the hours 8:00 AM to 5:00 PM ET. Please have this notice and your credit card available when you call.

SSA-53-EP

DETACH HERE. DO NOT STAPLE.

ACCOUNT NUMBER: [REDACTED]  
ANGEL ORTIZ

☐ MASTERCARD    ☐ VISA    ☐ DISCOVER

AMOUNT DUE: \$34,584.23  
DATE DUE: December 3, 2015

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

PAYMENT  
AMOUNT \$ \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Check box if your address or telephone number has changed. Make changes below.

\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY ADMINISTRATION  
PO BOX 3430  
PHILADELPHIA PA 19122-9985

[REDACTED] 000000600000000010034584230034584230034584230000000000003

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**Social Security Administration**  
**Billing Statement**  
Important Information

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

STATEMENT DATE:	12/16/15	
ACCOUNT NUMBER:	[REDACTED]	
AMOUNT DUE:	\$35,826.03	
BALANCE FROM PREVIOUS STATEMENT		\$1,241.80
CHANGE IN BALANCE - INCREASE		\$34,584.23
NEW BALANCE		\$35,826.03
PAYMENT OF NEW BALANCE OR AMOUNT DUE MUST REACH US BY:		01/03/16

**PAST DUE PAYMENT**

This statement concerns an overpayment of Social Security benefits paid to ANGEL ORTIZ, A.

We have not received the \$35,826.03 payment that was due by 12/03/15. You MUST repay this money to the Social Security Administration. Please send us the payment right away.

Enclosure(s):  
Refund Env.



If we don't receive the amount due, we can collect the money owed us:

- from Federal income tax refunds or other Federal payments you may be due (including withholding a portion of your Federal salary if you are an employee of the United States), or
- from State income tax refunds or other State payments you may be due, or
- from future Social Security benefits, or
- through a Federal court lawsuit, or
- by ordering your employer to withhold and send us a portion of your pay.

We can also report your overdue debt to credit bureaus.

To request to repay a smaller amount monthly over a longer period of time, please call us at the telephone number below.

If you have mailed the payment amount due within the past week, please disregard this statement.

### **Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

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SOCIAL SECURITY ADMINISTRATION  
PO BOX 3430  
PHILADELPHIA PA 19122-9985

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## **EXHIBIT K**

**Social Security Administration**  
**Retirement, Survivors and Disability Insurance**  
Important Information

Office of Central Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: February 8, 2016  
Claim Number: [REDACTED]



ANGEL ORTIZ  
10 WINTHROP CT APT D  
WAPPINGERS FALLS NY 12590-5608

When you received Social Security benefits in the past on the above claim number, you were overpaid \$35,826.03. We have tried several times to collect this amount, but it has not been repaid. In a letter we sent to you (or your representative) earlier, we explained how this overpayment happened. We also told you about your right to question the decision about your overpayment and to ask that we not recover the overpayment. This is to inform you about some actions we may take to collect the amount you owe.

**Actions We May Take To Collect The Amount You Owe**

The law permits us to take any or all of the following actions to collect the amount you owe if you do not repay it:

- We may ask the Department of the Treasury (Treasury) to withhold the amount you owe from any Federal payments you may be due, including your income tax refund.
- Treasury may request that your State withhold the amount you owe from any State payments you may be due, including your income tax refund.
- We may send information about the amount you owe to credit bureaus.
- We may order your employer to withhold and send us a portion of your pay.

Later in this letter, we explain what you can do to stop us from taking any of these actions.

See Next Page



SSA-L3252-SM-CB (09-2012)

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## **Your Federal And State Payments May Be Affected**

Treasury can withhold money from Federal payments you may be due in the future under your Social Security Number. Treasury may ask your State to withhold money from any State payments you may be due in the future. The most common Federal and State payments are your income tax refunds.

## **If You Are Filing A Joint Tax Return**

If you are married and filing a joint income tax return, your spouse may be entitled to receive a portion of the joint refund. You should contact the Internal Revenue Service **before you file your joint return** to find out how to protect your spouse's share.

## **How Your Credit May Be Affected**

We will report to credit bureaus your name, address, and Social Security Number, as shown on the first page of this notice, along with the following information:

Date of birth	02/27/1974
Date the amount you owe became overdue	06/04/2013
Date of your last payment	02/04/2009
Amount you owe	\$35,826.03

If you think that any of this information is not correct, please tell us within 60 days of the date of this letter.

Credit bureaus are allowed to show the information about the amount you owe on credit reports about you. These reports are used by banks, credit card companies, and other parties when they decide to make loans and grant credit. You can be refused a loan or credit because of your overdue debt.

If we do report the amount you owe to credit bureaus, we will notify them of any payments you make that reduce the amount you owe.

## **We May Collect Part Of Your Pay From Your Employer**

The law allows us to collect the overpayment from your pay. We may order your employer to withhold and send us as much as 15 percent of your disposable pay. If we do this, your employer must withhold that part of your pay and send it to us until we collect your overpayment in full. Your disposable pay is the amount left after deduction for health insurance premiums and deductions required by law, such as taxes. We explain in this letter what you can do if you do not want us to collect the overpayment from your pay or you want us to collect it in smaller amounts. We will collect your overpayment at a higher rate than 15 percent of your disposable pay if you ask us to do so.



NOTE: The law prohibits your employer from firing you, laying you off or taking other disciplinary actions against you based on an order from us to withhold part of your pay.

### **Were You Fired Or Laid Off From A Job?**

We will not order your employer to withhold part of your pay if you were fired or laid off from a job and you have not had 12 continuous months of work since then. If this is true about you, tell us so in writing or call or visit any Social Security office.

### **How To Stop Us From Taking These Actions**

We will take these collection actions unless, within 60 days from the date of this letter, you:

- pay us back the full amount you owe, or
- agree to a definite plan for repaying this amount and repay it according to the plan, or
- ask us to review our finding that you owe the amount stated in the beginning of this letter and that we have the right to collect it, or
- ask us to waive collection of the overpayment, or
- ask us to review our plan to collect up to 15 percent of your disposable pay.

### **How To Pay Us Back**

You should refund this overpayment within 60 days of the date of this letter. Use the enclosed "Payment Stub" and envelope. The "Payment Stub" explains the ways you can make payment.

If you cannot refund the full amount now, you should:

- contact any Social Security office to arrange a definite plan for repayment, and
- make regular payments according to the plan.

**Do You Want Us To Review Our Finding?**

You may ask us to review our finding that you still owe the amount stated in the beginning of this letter. You may have evidence to show that you do not owe this amount or that we do not have the right to collect it. If so, give us that evidence within 60 days of the date of this letter. We will review the evidence you give us and the information we have, and we will send you our decision. If you request review within 60 days of this letter, we will not take any of the collection actions stated in this letter before we send you our decision. If we find that you owe a different amount, we will correct our records. If we find that you owe us nothing or that we do not have the right to collect any amount from you, we will not take any collection actions against you.

**You May Not Have To Pay Us Back**

Sometimes we can waive the collection of an overpayment. If we waive the collection of the overpayment, you will not have to pay us back and we will not take any of the collection actions stated in this letter. For us to waive collection of your overpayment, two things must be true:

- it was not your fault that you got too much Social Security money,
- AND
- paying us back would mean you cannot pay your bills for food, clothing, housing or medical care, or it would be unfair for some other reason.

If you think these are true about you, contact any Social Security office. You can ask for a waiver any time by filling out the waiver form. We can help you fill out the form. The waiver form number is SSA-632. If you ask for waiver within 60 days of the date of this letter, we will not take any further collection actions while we decide if we can waive collection.

**If We Cannot Approve Your Request For Waiver**

If we determine that we are unable to approve your request for waiver, we will contact you to schedule a personal conference. A person who has not made any prior decision about your waiver request will meet with you. You can explain why you think your waiver request should be approved. You may bring a lawyer, friend or someone else to help you. Also, you can ask questions about the waiver decision.

After your personal conference has been held, or you have decided that you do not want us to conduct the conference, we will make a decision and send you a letter telling you whether you still must repay the overpayment. The letter will explain your right to appeal.



**You May Ask Us To Collect Less From Your Pay**

You may ask us to review our plan to collect up to 15 percent of your disposable pay. We will lower the amount we would collect from your pay if you show us that our plan would cause you hardship. We will find hardship if our plan would keep you from meeting the ordinary living expenses for you and your family, such as food, clothing, housing, medicine and medical care. You may request this review at any time. If you request this review within 60 days from the date of this letter, we will not order your employer to withhold part of your pay until we send you our decision.

**Your Right To Inspect Our Records**

You have a right to inspect and copy our records related to your overpayment. If you notify us that you would like to do so, we will tell you where and when this can be done.

**Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

**If You Have Questions**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 877-405-6747. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
332 MAIN ST  
POUGHKEEPSIE NY 12601

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*

Enclosure(s):  
Payment Stub  
Refund Envelope

**PAYMENT STUB**

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- Use the enclosed envelope to mail your payment to us.
- Do not send cash.
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- If you pay by check or money order, include the Social Security Account Number as shown below and make the check or money order payable to "Social Security Administration."
- If paying by credit card, complete the appropriate information below and return it in the enclosed envelope

**OR**

to pay by phone, call 1-888-280-9419 TOLL FREE during the hours 8:00 AM to 5:00 PM ET. Please have this notice and your credit card available when you call.

SSA-53-EP

DETACH HERE. DO NOT STAPLE.

ACCOUNT NUMBER:   
ANGEL ORTIZ☐ MASTERCARD ☐ VISA ☐ DISCOVERAMOUNT DUE: \$35,826.03  
DATE DUE: February 28, 2016

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_


PAYMENT  
AMOUNT \$ \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Check box if your address or telephone number has changed. Make changes below.

\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY ADMINISTRATION  
PO BOX 3430  
PHILADELPHIA PA 19122-9985

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**Billing Statement**  
Important Information

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

STATEMENT DATE: 09/26/16  
ACCOUNT NUMBER: [REDACTED]  
AMOUNT DUE: \$1,241.80  
BALANCE FROM PREVIOUS STATEMENT \$35,826.03  
NEW BALANCE \$35,826.03  
PAYMENT OF NEW BALANCE OR AMOUNT DUE  
MUST REACH US BY: 10/03/16

This statement concerns an overpayment of Social Security benefits paid to ANGEL ORTIZ, A.

Please pay the amount due by the date shown above. If you cannot make payment by this date, you should call to let us know when you can make the payment.

**Suspect Social Security Fraud?**

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Enclosure(s):  
Refund Env.

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Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

STATEMENT DATE: 10/18/16  
ACCOUNT NUMBER: [REDACTED]  
AMOUNT DUE: \$35,826.03  
BALANCE FROM PREVIOUS STATEMENT \$35,826.03  
NEW BALANCE \$35,826.03  
PAYMENT OF NEW BALANCE OR AMOUNT DUE  
MUST REACH US BY: 11/03/16

**DID YOU FORGET?**

This statement concerns an overpayment of Social Security benefits paid to ANGEL ORTIZ, A.

We have not received the \$1,241.80 payment that was due by 10/03/16. Please send us the full payment right away.

To request to repay a smaller amount monthly over a longer period of time, please call us at the telephone number below.

If you have mailed the past due amount of \$34,584.23 within the past week, you should only make this month's payment of \$1,241.80.

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Enclosure(s):  
Refund Env.

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SSA-53-EP

DETACH HERE. DO NOT STAPLE.

ACCOUNT NUMBER: [REDACTED]  
ANGEL ORTIZ☐ MASTERCARD☐ VISA☐ DISCOVERAMOUNT DUE: \$35,826.03  
DATE DUE: November 3, 2016

Credit Card Number

Exp Date

PAYMENT  
AMOUNT \$ \_\_\_\_\_

Cardholder's Signature

Date

☐ Check box if your address or telephone number has changed. Make changes below.

\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY ADMINISTRATION  
PO BOX 3430  
PHILADELPHIA PA 19122-9985

[REDACTED] 0000002000000001003582603003458423003582603000000000009

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If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and SSA's account. This will allow you to repay your overpayment with your credit card. We may also provide this information to another person or government agency to comply with federal laws requiring the release of information from our records. You can find these and other routine uses of information provided to SSA listed in the Federal Register. If you want more information about this, you may call or write any Social Security office.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

**Social Security Administration**  
**Billing Statement**  
Important Information

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

STATEMENT DATE: 11/16/16  
ACCOUNT NUMBER: [REDACTED]  
AMOUNT DUE: \$35,826.03  
BALANCE FROM PREVIOUS STATEMENT \$35,826.03  
NEW BALANCE \$35,826.03  
PAYMENT OF NEW BALANCE OR AMOUNT DUE  
MUST REACH US BY: 12/03/16

**PAST DUE PAYMENT**

This statement concerns an overpayment of Social Security benefits paid to ANGEL ORTIZ, A.

We have not received the \$35,826.03 payment that was due by 11/03/16. You MUST repay this money to the Social Security Administration. Please send us the payment right away.

Enclosure(s):  
Refund Env.

If we don't receive the amount due, we can collect the money owed us:

- from Federal income tax refunds or other Federal payments you may be due (including withholding a portion of your Federal salary if you are an employee of the United States), or
- from State income tax refunds or other State payments you may be due, or
- from future Social Security benefits, or
- through a Federal court lawsuit, or
- by ordering your employer to withhold and send us a portion of your pay.

We can also report your overdue debt to credit bureaus.

To request to repay a smaller amount monthly over a longer period of time, please call us at the telephone number below.

If you have mailed the payment amount due within the past week, please disregard this statement.

### **Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

### **If You Have Questions**

If you have any questions, you may call us at 1-888-280-9419 TOLL FREE. The office hours are Monday through Friday, 8:00 AM to 5:00 PM ET. Please have this statement available when you call.

If you call us using a TDD machine, please pause after you type a few words. This will give us time to transfer your call to the TDD line.

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We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

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## **EXHIBIT L**



**Social Security Administration**  
**Call-In Notice**  
Important Information

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898  
Date: January 16, 2013  
Claim Number: [REDACTED]



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

We need to talk to you about an important Social Security matter. Will you please call us at 1-888-280-9419 TOLL FREE. The office hours are Monday through Friday, 8:00 AM to 5:00 PM ET.

If you call us using a TDD machine, please pause after you type a few words. This will give us time to transfer your call to the TDD line.

*Social Security Administration*

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**Social Security Administration**  
**Call-In Notice**  
Important Information

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898  
Date: October 17, 2013  
Claim Number: [REDACTED]



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

We need to talk to you about an important Social Security matter. Will you please call us at 1-888-280-9419 TOLL FREE. The office hours are Monday through Friday, 8:00 AM to 5:00 PM ET.

If you call us using a TDD machine, please pause after you type a few words. This will give us time to transfer your call to the TDD line.

*Social Security Administration*

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## **EXHIBIT M**

M7

**Social Security Administration**  
**Retirement, Survivors, and Disability Insurance**  
**Important Information**

Office of Central  
Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: October 31, 2015  
Claim Number: [REDACTED] HA

ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

We are writing to you about an overpayment you owe us. The amount of the overpayment is \$35,826.03.

We have written to you about this before, but you have not settled this matter. You should repay this overpayment now, or contact us about how you will pay us back.

**If We Do Not Hear From You**

If you do not pay us or get in touch with us about this overpayment by January 26, 2016, we will consider sending your case to the Department of Justice.

If we do this, the Department of Justice might take you to court to collect the overpayment. If that happens and the court decides against you, you might have to pay both the overpayment and court costs.

**Please Get In Touch With Us Now**

Please get in touch with us now if you can not afford to pay all the money you owe us. In some situations we will settle for less than the full amount you owe us. We call this a compromise settlement.

Contact us for more information about this kind of settlement. Of course, if we accept your offer, we will not refer your case to the Justice Department.

**How To Pay Us Back**

Call us at 1-800-772-1213 now if you want to pay back all or part of the money you owe us. Then send us a check or money order made out to the Social Security Administration. Be sure to put your claim number, [REDACTED] on it. Please use the enclosed envelope to mail your check or money order to us.

SEE NEXT PAGE

HA

Page 2

### **Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

### **If You Have Questions**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-877-405-6747. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
332 MAIN ST  
POUGHKEEPSIE, NY 12601

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*

Enclosure(s):  
Refund Envelope

**EXHIBIT N**

**Social Security Administration**  
**Call-In Notice**  
Important Information

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898  
Date: January 19, 2016  
Claim Number: [REDACTED]



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

We need to talk to you about an important Social Security matter. Will you please call us at 1-888-280-9419 TOLL FREE. The office hours are Monday through Friday, 8:00 AM to 5:00 PM ET.

If you call us using a TDD machine, please pause after you type a few words. This will give us time to transfer your call to the TDD line.

**Suspect Social Security Fraud?**

If you suspect Social Security fraud, please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

*Social Security Administration*

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**Social Security Administration**  
**Call-In Notice**  
Important Information

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898  
Date: December 16, 2016  
Claim Number: [REDACTED]



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

We need to talk to you about an important Social Security matter. Will you please call us at 1-888-280-9419 TOLL FREE. The office hours are Monday through Friday, 8:00 AM to 5:00 PM ET.

If you call us using a TDD machine, please pause after you type a few words. This will give us time to transfer your call to the TDD line.

**Suspect Social Security Fraud?**

If you suspect Social Security fraud, please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

*Social Security Administration*

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## **EXHIBIT O**

**Social Security Administration**  
**Retirement, Survivors and Disability Insurance**  
Important Information

Office of Central Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: March 25, 2015  
Claim Number: [REDACTED]



ANGEL ORTIZ  
10 WINTHROP CT  
WAPPINGERS FALLS NY 12590-5608

We recently received \$688.00 of a Federal or State payment you were due and used it toward the overpayment of Social Security benefits paid to you. Based on this, your current overpayment balance is \$34,777.03.

**Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

**If You Have Questions**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 877-405-6747. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
332 MAIN ST  
POUGHKEEPSIE NY 12601

Enclosure(s):  
Payment Stub  
Refund Envelope

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*

## PAYMENT STUB

- Return the bottom portion of the stub with your payment.
- Use the enclosed envelope to mail your payment to us.
- Do not send cash.
- Do not enclose any correspondence with your remittance. Send any correspondence to: Social Security Administration, Office of Central Operations, 1500 Woodlawn Drive, Baltimore MD 21241-1500.
- If you have changed your address or telephone number, be sure to check the box below and write your new address or telephone number in the space provided.
- If you pay by check or money order, include the Social Security Account Number as shown below and make the check or money order payable to "Social Security Administration."
- If paying by credit card, complete the appropriate information below and return it in the enclosed envelope

**OR**

to pay by phone, call 1-888-280-9419 TOLL FREE during the hours 8:00 AM to 5:00 PM ET. Please have this notice and your credit card available when you call.

SSA-53-EP

DETACH HERE. DO NOT STAPLE.

ACCOUNT NUMBER: [REDACTED]  
ANGEL ORTIZ

☐ MASTERCARD    ☐ VISA    ☐ DISCOVER

AMOUNT DUE: \$34,777.03  
DATE DUE: March 25, 2015

Credit Card Number

Exp Date

PAYMENT  
AMOUNT \$ \_\_\_\_\_

Cardholder's Signature

Date

☐ Check box if your address or  
telephone number has changed.  
Make changes below.

SOCIAL SECURITY ADMINISTRATION  
PO BOX 3430  
PHILADELPHIA PA 19122-9985

[REDACTED] 0000000040000000003000000000003477703000 [REDACTED] 000003

### **Privacy Act Statement**

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We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

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## **EXHIBIT P**

SOCIAL SECURITY ADMINISTRATION  
OFFICE OF CENTRAL OPERATIONS  
1500 WOODLAWN DR  
BALTIMORE, MARYLAND 21241

CERTIFICATE OF INDEBTEDNESS

Claim No. XXX-XX [REDACTED]

Debtor Name and Address:

Angel Ortiz  
10 Wintrop CT  
Wappingers Falls, NY 12590

Total debt due to the United States as of July 20, 2018 is \$36,058.03

I certify that the Social Security Administration records show that the debtor named above is indebted to the United States in the amount stated above.

The claim arose in connection with an overpayment of Social Security benefits.

Section 216(i) of the Social Security Act provides for the establishment of a period of disability, and section 223 provides for the payment of disability insurance benefits. As amended in 1965, both sections define "disability" (except for certain cases of blindness) as an inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

Section 223(f) of the Act, as pertinent herein, provides disability cessation will commence on the third month following the earliest month after the end of such period of trial work with respect to which such individual is determined to be suffering no longer from a disabling physical or mental impairment. Under the section of the Act, no payments are due to an individual who engages in substantial gainful activity. CFR § 404.1574 provides guides to determine if substantial gainful activity occurred.

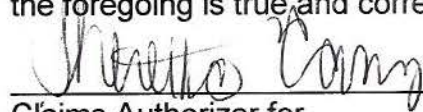
Records indicated the debtor returned to work and had the following earnings: \$11,298.00 in 2005, \$12,112.41 in 2006, \$9113.64 in 2007, \$3871.26 in 2008, \$3308.75 in 2009, \$8071.17 in 2010, \$15028.92 in 2011, \$16774.52 in 2012, \$18462.21 in 2013, \$14777.68 in 2014 and \$18391.47 in 2015 after her disability period began. The debtor continued to collect Social Security disability payments while earning over the allowable amount as shown above.



The agency notified the debtor August 20, 2012 that her disability ceased because of work and earnings. The debtor never ceased work activity when deemed disabled. The agency considered her disability terminated with the month of entitlement and the debtor did not appeal. The debtor was notified of the \$36,506.50 overpayment November 15, 2015. The debtor appealed the decision but failed to provide proof of the ability not to repay the overpayment. We sent repayment notices throughout the years. On April 8, 2013, we sent a notice of final demand and a compromise agreement notice to the wage earner. We did not receive a response. We received a remittance of \$448.47.

We have recovered \$448.47 from voluntary remittances that leaves a total unsatisfied indebtedness of \$36058.03

CERTIFICATION: Pursuant to 28 USC Section 1746, I certify under penalty of perjury that the foregoing is true and correct.



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Claims Authorizer for  
Jaime Lucero  
Associate Commissioner  
Office of Central Operations

Date: July 20, 2018